Present

App. F. IX-4 | 1947-48 (Medical) | File No. 159-4

Previous References | Serial Nos. 1, 2

Later References

P.542E

GENERAL AND REVENUE SECRETARIAT

Serial Nos. 2 two.

Part B for April 1948

SUBJECT

Recommendations of Malnad Development Committee in regard to Medical and Health matters

G.O. No 14454-77/Med 159-47-2 Dt. 19th March 1948.

Directs that in case of proved inability on the part of the Local bodies, the whole cost be met by Govt. taking only the contribution to be made by the Red Cross Society.

To — The presidents of District Boards.
The Deputy Commissioners of Districts.
The Comptroller to Govt thro' financial Adv
The Chief Medical Officer, Women's Hospital in Mysore.
The Senior Surgeon in Mysore Bangalore.
The Commissioner for Economic Development and planning in Mysore

B. Sivantaiah 9/7/51

WD 010861—GPB—2M00—18-4-50

2556

Ref 159-6/46

Letter No. C 139-11/46-47 dated 30.10.46 from the Director of Public Health forwarding a note on the proposal of the Chairman, Malwad Development Committee, regarding Malwad Improvement

(1) Submitted. If approved, this will be handed over to the S.R. Branch, where this matter has been dealt with, after perusal

1.11.46 (2) This will come up for discussion on the meeting of the Policy Committee tomorrow (6/11/46). The views of the Committee may be awaited

Thro

Secretary

5/11

6/11/46

SECRETARY 5/11/1946

Thro' the receipts proceedings

11/11/46

5/11

C. F. No. 46]

GOVERNMENT OF MYSORE

No. EC838/46-47
Encls. Four.

OFFICE OF THE COMMISSIONER OF ECONOMIC DEVELOPMENT AND PLANNING, BANGALORE,

Dated 10th December 1946.

To

THE SECRETARY
to Government of Mysore,
General Department, Bangalore.

Sir,

13. DEC. 1946
NO. 4282

GEN. & REV. SECTT;
No. 2124
SPECIAL REVENUE BRANCH.

SUBJECT:- Report of the Malnad Development Committee.

I have the honour to enclose for the perusal of Government a copy of the proceedings of the Committee for Public Health containing the resolutions of that Committee on the several recommendations of the Malnad Development Committee in regard to medical and health matters.

I have the honour to be,
Sir,
Your most obedient servant,

N. Madhava Rao
COMMISSIONER.

DBR/-10-12/2.

(1) For kind perusal
Dewan)

(2) May be submitted to the Diwan for perusal.
12/12/46

(3) This should be circulated to all ministers & linked with the post-war health scheme file.

4. Minister for Law 4/1/47.

OFFICE OF THE MINISTER FOR LAW
4 JAN. 1947
No. 4682

5 Minister for Agrl. & P.W. Where is the post war health scheme? The file referred to in the note may please be put up. 5/1/47.

OFFICE OF THE MINISTER FOR AGRICULTURE AND PUBLIC WORKS
4 JAN. 1947
No. 4796

Rec'd 4673 5/2/47 Minister for Home

B306 5.2.47. Minister for Revenue & communications

6 Asst. Secy. (Medl.) We for putting up the file

P.T.O.

Report of the Madras Improvement Committee 4009

7 The file relating to the Health organisation under a five year programme, as per post war measure has been submitted separately with a note for circulation to the Education Secy. Submitted ~~for information~~

8.1.47

N.

Edn Secy

EDUCATION SECRETARY No. 1119 Date 8/1

8 I remember it has since been returned to Mr Br. please verify and note.

9/1/47

9 A Statement showing the Health Schemes, the resolutions of the Policy Committee & the Coordination & Finance Committee in respect of these Health Schemes & the stage of their development

The files relating to P.H organisation and maternity & children are schemes are also put up ors. 2120 25-83

Edn Secy) 11/1

Dirn P.W.) 11

EDUCATION SECRETARY No. 237 Date 11/1

OFFICE OF THE MINISTER FOR AGRICULTURE AND PUBLIC WORKS 13 JAN. 1947 No. 5175

10 11/1/47

20/1/47

14/2/47

Report of the Malnad Improvement Committee — 2556

12 This seems to have been considered along with the other schemes in both the Public Health and Medical Departments and orders passed on each one of the subjects relating to Medical Department.

13 Re. the subjects relating to P.H. Department referred to in the statement accompanying the proceedings of the Committee the Dr also is requested in another connection to furnish his opinion. The same has not been furnished. The connected file with a statement called for is submitted separately.

14 Submitted for perusal and orders if these papers may be filed.

15. Please note Categories of the roads on which orders are yet required to be passed.

AS 15-7-47. AS 17/8-

16. Orders have not been passed on the resolutions relating to P.H. Department. Orders have been passed in respect of certain resolution relating to Medical Department. Medical Section will please furnish the information required in para 15 Supra. There is a separate file also on this subject in that Section.

AS 21.8.47. BB

(Medical Section)

17) Some of the schemes suggested by the Malnad Improvement Com. have also been included in the post war schemes of development and action had already been taken in respect of some & sanctions have also issued. In respect of a few it has been decided that action may be taken as & when found necessary. As regards the Electric improvements to the K.R. Hospital, detailed proposals have been called for.

Report on the Malvad Improvement
2576 Com.

4009
4/

from the DS to whom same are awaited.
Statement showing the past years activities & development & action taken thereon is put up herewith.
19) Submitted for perusal & orders Ref para 15 supra.

Flag J.

19) Bgm for visit Chairman

26/6

26/6

Obtained instructions 7/7.

Flag A.

20) Resubd with a statement showing the recommendations of the Malvad Com. together with the action taken thereon.
From the statement it is seen that action has yet to be taken in respect of (1) Granting certain facilities to the staff working in the malvad (mentioned) (2) Contributions from local bodies in respect of new midwives to be employed (women's Sect^n)
For perusal & order. Ref para 15 supra.

21) Previous papers relating to the Construction of buildings for the medical staff attached to the K.E. Dispensaries in the Malvad

9/7

22) The medical file relating to the Construction of quarters to the staff at Shikarpur & Hallasur was transferred to the P.W. Sectt on 20/7/45 (Dy no. 5163)
The P.W. Sectt will be requested to put up the file

12/7 BB

23) Re. grant of certain Concessions to the medical & Health staff in Malvad - a Communication has been rec^d from the Secy. Pay Committee
Put up a copy of the letter

To
24) P.W. Sect^n
Kindly to submitted on the subject
Efor kindly putting up a copy of the letter
24/7/45.

report on the Malnad Improvement Committee

2586/H

25) A copy of the letter received from the ~~Secretary~~ Secretary, Committee for revision of salaries, with regard to grant of certain concessions to Government servants in Malnad as recommended by the Malnad Development Committee and to the Sanitary Inspectors posted in these parts along with others is put up with reference to para 23 supra

16.7.47.

26) Only the two points which remain yet undisposed of in respect of medical Deptt, out of the several recommendations made by the Malnad Improvement Committee are the following:

(1) Grant of certain allowances & other recommended special facilities for the staff working in Malnad

(2) non recovery of Contributions from local bodies in respect of midwives to be maintained in Malnad.

27) Re 1st item the Pay Committee has agreed with the recommendations of the Malnad Improvement Committee & it is made applicable to employees of all depts. Orders to issue on the said recommendations of the Pay Committee will dispose of this point.

28) Re. the second point it may be suggested that

EDUCATION SECRETARY
No.
Date 21/7

suggestion might be accepted temporarily for a period of 3 years. & the entire cost may be met by Govt

Edn Secy

19/7

report on the Railroad Improvement Com.

~~In favour of~~

29) Re: para 28 what are the existing rules?

26/7/18

P.H. Secy. to kindly furnish the information required at para 29 supra.

MHS

Subd with a dft for Consideration Calling for the information required at para 29 supra from the C.M.O.

31/7/18

32) There is a standing order in civil medical aid that medical men should furnish opinions

1/8.

Subd with a Copy of the G.O. [Please vide rules 10 to 15]. Ref. para 29 supra

22/8

34) As per the existing rules, the procedure is that the Red Cross Society has to Contribute a sum of ~~Rs~~ Rs 150/- per annum which is roughly equal to half the annual salary of a midwife & the Dt. Bd. to pay the remainder of the salary & to undertake responsibility for payments outside the normal salary such as pensionary & leave Contributions. Further the Contributions of the Red Cross Society & the V.P.'s will be paid half yearly in arrear & will commence from the date on which the midwife joins.

35) No separate mention has been made of Railroad part.

36) Noted as per instructions.

28/8/18

Edu. Secy)

29/8/18

EDUCATION SECRETARY
No. 6664
Date 22/8/18

Report on the Railroad Improvement Con

38) What is the financial implication of the proposal? please ascertain.

7/9/47

TYPING SECTION
3 SEP 1947
P.W. & DEV. SECTT.

39) Subd with a dft for apvl.

40) Done

CMO
No. M. 3044/ Med. d. 6.9.47

Requests to estimate the financial implications of the proposal

Letter no C4495-1 & 30/9/47 from the C.M.O. stating that if the local bodies deny their contribution for the appointment of midwives in Railroad part, the entire charge have to be met by govt.

41) As per G.O. Ms. 24/11/36, the pay of the midwives is being generally met by the Dt. Board, Indian Red Cross Society & the Concerned V.P. in equal proportion. Further the pensionary & leave allowance will also be borne by the Dt. Bd.

42) In case the contributions from the local bodies have to be waived, the entire cost will have to be met by govt. Average pay of the mid wife is Rs 42 2/9 per m or Rs 506 2/3 per annum.

43) Subd for orders with ref

Report on the Railroad Improvement Acon.

1967

to para 38 supra. 44) In cases where the need for a Dais like this arises in any place of any great size the local bodies are not able to meet the cost of such cases. Such cases may be met by Govt. Edn Secy

45) For favour of remarks.

Edn Secy
MC.

46) In cases of proved inability on the part of the local bodies, the whole cost may be met by govt. But such inability must, actually be proved. In other cases govt may meet the whole cost also, so that the public may not be denied medical assistance, the proportion due from the local bodies being recovered from the moneys payable to them by govt.

47) As regards the Red Cross no question has at present arisen.

Edn Secy WC).

48) The suggestion of Mr. Edn. Secy may be accepted.

Minr Edn)

49) 20/10/47

50) Subd with a draft bill for consideration

51) Draft requires revision. By us

52) Put up fair draft as revised

Report on Malvad Improvement Com.

1947

53) Subd with a fair Eff.

29/11 54) For appn

Edn dept) 1/12

Min ⁊ P.H.) 55) 1/12/47 1/12

56) 11.XII. 12/12/47 12/12

57) Subd. Keep the Eff already in the file thereof

13/12 58) Print copies Copy of the Report of the Malvad Improvement Committee

16/12

59) Subd with a copy of the report

15/12 60) Eff for appn

Edn dept) 16/12

Min ⁊ L.S.G. & Dewan. 61) 17/12

62) Approved

21/12/47

63) 2/3/48 2/3/48 23/3/48 15/12

SEWAN'S OFFICE
2 3 FEB 1948
No. 4468

OFFICE OF THE MINISTER, FOR P. H. & EX.
No. 585
10/12/47

EDUCATION SECRETARIAT
No.
Date 17/12/47

OFFICE OF THE MINISTER FOR LOCAL SELF-GOVERNMENT.
No. 787
Date 18.12.47

2/3/48

Report on the Railroad Improvement Com

1967
/1

(4). Have the appd. Dft already in the file Noone?

Noone
Neg
4/3

BB 4/3
Recd on 9/3.

Jail Comm's no 3456
Jail Secy has agreed
Dr Rao & Jan Sikim.

Done
4/3

acmd
4/3. Bg/4-7

Issued
22/3.

TYPING SECTION
11 MAR 1948

Received on 16/3/48
at 5 P.M.
16/3

To

The C.M.O; The S.S.
" Comm^r for Ecc^l dept
" prdt^s of districts
" D.C.'s of districts
" Comptroller to Govt.
" D.P.H.

No. dl14454-7)/Med. dt 9-3-48.

Directs that, in cases of proved inability on the part of Local bodies to pay the contribution in connection with the new appointments of Midwives. the whole cost will be met by Govt., taking only the contribution to be made by the Red Cross Society.

B
23/4
BB

Med 159-47-1

C. F. No. 46] GOVERNMENT OF MYSORE

No. C 139-11/46-7 OFFICE OF THE DIRECTOR OF PUBLIC HEALTH
Encls. Letter No. Med

IN MYSORE,
Date 31/10/46 BANGALORE

To

The Secretary to Government,30th October 1946.
Education Department, Bangalore.

Sir,

Sub: Malnad Development Committee Report.

I have the honour to inform that when the Public Health Note for the Improvement of Malnad was taken up for consideration, and the final resolution was put before the Committee, I, as member of the Malnad Improvement Committee, said that the proposal as modified by the Chairman of the Malnad Improvement Committee was not a workable one and that evening I sent a letter to the Secretary, Malnad Improvement Committee, a copy of which is enclosed for the information of Government. I am submitting herewith a note to indicate why it is felt that the modified proposal of the Chairman is not a workable one. I find in the printed report my letter is not included.

I have the honour to be,
sir,
Your most obedient servant,

DIRECTOR OF PUBLIC HEALTH.

HEALTH UNIT ORGANISATION.

In regard to the above subject the Malnad Improvement and Development Committee passed the following resolution after agreeing with the principles laid down in the Bhore Committee Report, that "The doctors in the primary units should combine curative and preventive health duties" and that "The Committee therefore recommends sanction to integrated units proposed by the Director of Public Health and to the dispensaries and staff of doctors, midwives, sanitary inspectors, vaccinators and fieldmen required in addition to those recommended under Group XV". They have, however, modified the resolution sayingthat "They realise that in the present organisation of Departments, the integration has to be on a basis different from that suggested by the Director of Public Health and urge that in the Malnad, a workable alternative will be secured under the full time Chairman of the Malnad Development Board who should have the assistance of senior officers of the three branches, stationed in the malnad guiding the respective staffs and working as a single integrating Sub Committee of the Board".

It is hardly necessary to point out that the acceptance of the principles of the recommendations of the Bhore Committee and the modification suggested are contradictory. The Bhore Committee after studying the existing systems have come to the conclusion that it would serve the best interests of the people if there is unified control while forming Health Units, and their recommendations are based accordingly. The scheme that has been proposed by the Department already has been based on these principles. If the Bhore Committee's recommendations are accepted the result naturally should be to modify the methods of administration, if they do not already conform to them in such a way that they will. To say that "In the present organisation of Departments, the integration has to be on a basis different from that suggested by the Director of Public Health " is only to perpetuate the existing system

system which has been found to be wanting. It shows either a timorousness to initiate a change or an unwillingness to modify the existing system.

"The three branches" stationed in the mainad would be the Health, Medical and Women's section. These are stated to work as a Sub Committee under a full time Chairman who will be the co-ordinating officer and who obviously will be a non-technical man. If the three sections have to be responsible to the Chairman it means that they will have to receive instructions from him. As the Chairman is a non-technical man it will not be possible for him to issue instructions regarding technical matters. As such it is obvious that the different branches will have to look to the different Departmental heads, which means that the existing conditions will continue without any change.

Diagrammatically the organization as suggested by the Committee would be as follows and it is easy to see how the three units at the periphery are made to work independent of one another and there is no attempt to bring them together.

Minister & Chairman

Sanitary Inspectors	Medical Officers	Lady doctor or Midwife.
Representative of Public Health Section. Taking instructions from the Director of Public Health.	Representative of Medical Section. Taking instructions from Senior Surgeon	Representatives of Womens Medical Section. Taking instructions from Chief Medical Officer.

Thus there will be no room for a single co-ordinated direction for the Health Units which require for their successful working unified control which is the basic organisational change that has been contemplated in the Scheme.

The Chairman's position as per present recommendation would be very awkward and uncomfortable if he has to attempt at co-ordinating the activities of a staff who may not be in

in agreement with one another as they are guided in their work by individuals who may not themselves be in actual agreement, because of the basic differences in their professional outlook. The Director of Public Health has the community outlook while the other two are individualistic as they have to come in contact with individual patients and not communities.

I should like to mention that this Department have anticipated the recommendations of Bhore Committee and have been working out this plan for a ~~considerable~~ number of years. There are therefore quite a number of senior as well as junior officers who have gained enough experience, so that they could be depended upon to carry out the activities immediately. We do not have to wait in Mysore to train the personnel afresh for this purpose.

Health Units are not to begin working in the Malnads. They have been working in the Malnads, under the Department and there has been no trouble in getting the results expected of the Units. Now D.D.T. spraying has been started in some of the Units and its use will be extended to others areas. Malaria control work will go closely associated with the other Public Health activities of the Units. The reason why one senior officer was recommended in my Note was because the Director of Public Health at Bangalore will not be in a position to inspect quite so often as will be required and guide the work in the Malnads as a specially local senior officer deputed for the purpose.

The Malnad improvement question is in no way distinct from Public Health activities elsewhere. The activities here have only to be modified to suit the special requirements of the area where malaria happens to be a predominating feature. A unified control advocated by the Bhore Committee is as necessary here as elsewhere.

S. Padmanabhayya

Director of Public Health

N O T E.

The question of rehabilitation of the Malnad is by no means recent. The decline of the population in this tract was first brought to the notice of Government after a study of the Census figures of 1901, and in the Representative Assembly of 1907 it was moved that a Committee may be appointed to go into the question in detail in order to find out the causes for this decline and to suggest suitable measures for improving the conditions in the area. Since then the Government have been following up this problem seriously and in 1908 the then Sanitary Commissioner was asked to collect the available statistics bearing on the question and in 1910 the Health Officer at Shimoga was given an establishment to collect the data.

The Census of 1911 showed a further deterioration in the Malnad conditions and, therefore, further stressed on the Government the need for taking up the question urgently and the matter was discussed in the Economic Conference in the same year.

The enquiry was taken up by a number of able men, technical and otherwise, of the time, and by 1913 they had all furnished to Government valuable information on their findings.

The then Dewan toured the Malnad Districts in 1913 and in his notes of inspection stated the causes and suggested remedies, many of which, are as true today as they were when they were stated by him.

Many of the observations and recommendations are, taking the medical knowledge of the times into consideration, admirable. They have visualised that the problem is not merely technical and have accordingly included the Economic uplift and education of the masses as necessary auxiliaries for success.

Mr.Thyagaraja Iyer in his Census Report has mentioned

that the decline of population was observed especially in the Malnad and Semi-malnad talukas in the Western division and that the less was perceptible in the indigenous population of Kadur and Chikmga Districts and that is extended more or less to all important centres. He has also pointed out that the birth-rate is lower than the death-rate, in the Western division as compared with the Eastern division. According to the Census of 1911 the decline had occurred during the decade in Kolar and Bangarpet talukas of Kolar District, in all the talukas of Kadur District, except Kadur and in all the talukas of Chikmga District except Chikmga and Chamrajpet. He has further stated that in the talukas of Sagar, Nagar and Shikarpalli in Chikmga District, the decreases have been going on since 1901, and the causes he has mentioned are (1) fever, (ii) poverty and chronic indebtedness (iii) bad midwifery (iv) bad social customs amongst lingayats and Kuruba Kabbalas.

Dr.H.Srinivasa Rao, the then Deputy Sanitary Commissioner has stressed that this serious decline cannot be attributed to the defective registration of vital statistics as this would affect both births and deaths equally and he has also drawn attention to the fact that nearly 50 per cent of the children born, die in their infancy. He says that children born of none-too-strong parents have, at birth, comparatively low vitality. Their survival is due more to good luck, than to any attention bestowed upon them. This point is of great significance as the question of control of infant mortality is perhaps the fundamental problem Government is faced with, as it will be made clear later.

In one word, all the previous observers have, in their observations and recommendations, stated in no uncertain words that malaria is the chief cause for the large number of deaths and that the chief Medical measures are public health education, employment of midwives, establishment of travelling dispensaries, establishment of model villages, improvement of communication,

improvement of drinking water supply, clearing of rank vegetation round about dwellings etc.

Being convinced of the need for taking measures to improve the health conditions in the malnad, Government, on the several suggestions made by the officers, took action from 1914 to implement them by (1) increasing medical aid (2) by instituting itinerant dispensaries (3) by increasing the number of midwives and vaccinators for the area (4) by increasing the grant from time to time for sinking drinking water wells in villages and (5) by sanctioning grants for clearing the rank vegetation around the villages. Between 1917 and 1921 the total amount spent on Malnad Improvement works amounted to nearly 12 to 13 lakhs.

Increase of Malnad dispensaries:- In the following study the Malnad taluks are to consist of Alur, Arkalgud, Belur and Manjarabad in Hassan District, Chickmagalur, Koppa, Mudigere, Narasimharajapura and Sringeri of Kadur District and Hosanagar, Kumsi, Sagar, Shikarpur, Sorab Thirthahalli of Shimoga District.

In these 16 Malnad taluks, in 1914 there were 27 dispensaries and by the end of 1944 they had increased to 76 excluding 4 dispensaries which were working in 1914. Only 13 Hoblies out of 68 in the Malnad taluks, did not have dispensaries at the end of 1944 (viz., Palya, Ambole, Vasthara, Nigga, Metapal, Hemcha, Kerehalli, Honnahalli, Talaguppa, Hosur, Talagudda, Udagani, Olivi). The Malnad population served with medical aid at present is 5,63,596 out of 6,74,648.

Graph 1 shows the increase of dispensaries, the increa in the number of out-patients that attended the dispensary in the Malnad taluks and the general death rate in the Districts of Hassan, Kadur and Shimoga from 1914 to 1944. It is seen from this that although the rural dispensaries are now provided at the rate of one for every eight thousand population and the expenditure on them has trebled itself from 1914, the trend in the death-rate has not shown any deviation for the better from 1914 onwards to 1944 as indicated in graph 1(b). The peaks in the year 1918 and 1924 are d to the pandemic

of influenza and the epidemic of small-pox respectively. There is otherwise no marked deviation in the curve.

MIDWIVES.

In the three Districts, in the year 1914, there were 30 Midwives and in 1943, 117 as shown in Graph 2 with the number of parturition cases conducted by them. The infant mortality curve given in the same graph indicates that the increase in the number of Midwives has not produced any effect on the course of infant mortality in those years. In the Kalnad Taluks in 1938 there were 68 Midwives and in 1943 there were 71. The maternal mortality rates which are available only from 1938, shown in Graph 2 also show that the increase in the number of Midwives has had no effect on maternal mortality.

Excluding the midwifery work that has been done in the urban areas, the average number of births attended to by the Midwives attached to the rural Kalnad dispensaries comes to about 22 per year. The deliveries attended to by the Midwives form about 20 per cent of the total births of the rural areas.

INFANT MORTALITY.

The Registration of infant deaths is very defective. This has been found to be so, not only in the Kalnad but in the Malabar areas as well, as the cause for it seems to be not any tendency on the part of the people to conceal the deaths but rather to their indifference and disregard for infant life. The Graph (Graph 2) showing the infant mortality is very irregular and it does not give any idea of the real state of affairs in the Kalnads.

VACCINATORS.

In 1914 there were 33 Vaccinators in the three Kalnad districts and by 1944 the number was 61. The total number of Vaccinations done in 1914 was 31,470 and in 1944 it was 91,673. The largest number of vaccinations was done in 1942, the number being 1,12,771. This number includes both primary and re-vaccinations. Graph 3 shows the incidence of small-pox.

IMPROVEMENT OF SANITATION

Considerable sums of money have been spent by Government in order to improve the general sanitation of the villages and the drinking water supplies. Clearing of rank vegetation in the immediate vicinity of villages, was taken as a major activity in the olden days, as it was expected to reduce the incidence of malaria. Though the rationale is different at the present time, the removal of brush wood and rank vegetation is still considered helpful to some extent, in the reduction of the incidence of malaria. Unfortunately, the removal that was effected was not or could not be done properly and the result of the operation was more in the nature of pruning so that, the lantana grew more profusely in the succeeding years. The present condition continues to be what it was in earlier days.

The actual number of drinking water wells that were given to the villages is not available in this office but if they are still supplying water, there can be no doubt much good should have come about as a result of their introduction. It is, however, not possible definitely, to state from the trends of the rates of intestinal diseases that any palpable improvement has been effected as a result of the activities that have been undertaken and the money that has been spent. The incidence of intestinal diseases has not shown any perceptible change during the course of the three decades, it being 4.5 per cent of the total deaths in 1914 and 5.6 in 1944.

DISCUSSION

That control of malaria is a sine-qua-non for the improvement of malnads has been admitted ever since the problem was recognised and even today it still holds the field. Along with malaria, deaths due to pneumonia, the large number of maternal and infant deaths, the reduced number of births have been largely responsible for the de-population that is

taking place there. All these facts have been appreciated by the previous observers and the various activities that were taken up by government were directed to the improvement of these conditions. But it is obvious, by the study of figures that are available, that though a large amount of money has been spent for this purpose, the results achieved have been negligible and certainly not commensurate with the expenditure.

The dispensary records show that the attendance in the mainad taluks has gone up from 1.20 lakhs (in 1914) to 12.65 lakhs (in 1944). This is due because of the increasing the number of dispensaries and the consequent reduction in the distances from villages to dispensaries and to some extent, perhaps, due to the increasing faith in the villagers towards allopathic treatment, and particularly to the effect of quinine in malaria. The incidence in the number attending the dispensaries should however not be taken as an evidence that health conditions have improved.

Indeed the correct evidence to judge the efficacy of the organisation would be a decreasing number of patients suffering from preventable conditions that attend the dispensaries year after year. If the activities have had the desired effect there should have been a gradual decline in the number of out-patients that go to the dispensaries. This would have been a sure sign that there is positive improvement in the health of the area. An increase in the number of patients attending a dispensary often denotes only a deterioration in the general health state of the people and it cannot be said so in this case as the general mortality rate has been almost constant. There should certainly be an adequate number of dispensaries to treat diseases but those diseases should mainly be those that cannot be prevented if one can help it. The fact that this has not been so, is itself an indication that some measure has yet to be done or the measures modified.

PLANNING THE ACTIVITIES.

The correct way to go about is first of all to make a survey

of the existing conditions and to collect accurate statistics regarding population, births, deaths, infantile mortality, maternal mortality and morbidity. A proper study of these should then be made and the problems specified and then arranged in the order of importance. The control measures should thereafter be formulated to tackle them in a scientific way.

POPULATION.

The populations of the Malnad areas including rural and urban in 1901,1911, 1921, 1931, 1941 as per census reports are as follows:-

1901	..	7,66,468
1911	..	7,10,786
1921	..	6,92,747
1931	..	6,60,173
1941	..	6,75,648

There is thus a deficit population of about 80,000 between 1901 and 1941 which works out to (over 10 per cent) and between 1911 and 1941 is 36,000.

When grouped into urban and rural areas, the populations are as follows:- (As the figures are not separately available for urban areas for the year 1901, the years 1911 1921,1931,1941 are taken up).

		Urban	Rural
1911	..	46,448	6,64,338
1921	..	49,723	6,43,024
1931	..	57,117	6,03,061
1941	..	69,682	6,05,966

Thus there is an increase of population in the urban areas by 23,000 i.e., about 50 per cent increase from 1911 while the population of rural areas shows a decrease of about 60,000 or a reduction of 8.8 per cent.

DISTRICTWAR

The reduction in the population in the Malnad taluks in the three districts between 1911 and 1941, classified districtwar is as follows:-

Malnad taluks in		Reduction in population
Hassan District	..	11.3%
Kadur District	..	5.0%
Shimoga District	..	9.1%

COMMUNITIES

When classified according to communities between 1911 and 1941 (both urban and rural population included) the population is as follows.

	Population as per Census 1911	Population as per Census 1941
Agasa ..	16,017	14,316
Banajiga ..	6,771	5,515
Beda ..	7,815	7,660
Besta ..	13,855	..
Brahmin ..	42,428	60,383
Ganiga ..	1,655	..
Gollar ..	3,237	..
Holeya ..	1,26,415	..
Hoddiga (Adika-nrtaka 152,218) ..	15,803	1,25,297
Idiga ..	7,239	65,014
Kshatria ..	4,415	4,457
Kumbara ..	6,669	6,220
Kuruba ..	20,059	24,005
Lingayet ..	86,333	70,062
Mahratta ..	8,916	9,920
Nayi da ..	2,491	3,169
Neygi ..	12,149	5,240
Tigala ..	1,169	1,061
Panchala ..	21,124	..
Upara ..	11,032	9,407
Vaisya ..	2,277	3,633
Vokkaliga ..	1,91,443	1,28,205
Vedda ..	12,031	14,178
Muslims ..	19,577	48,057
Indian Christians	7,[illegible]6	11,253
Lambanies. ..	6,011	..

It may be seen that some communities have decreased in numbers and others have increased. The communities that have increased in population are Brahmins, Vaisya, Muslims and Indian Christians. This increase in the particular communities may be due to movement of persons from rural to urban areas. Of all the communities, the Vokkaligas have suffered the most resulting in a reduction to the extent of 33.3 per cent, Lingayets 18.1 per cent, Adikarnatakas 17.6 per cent, Kurubas 17.1 per cent. The increase from 7,239 to 65,014 among Idigas appears to be not likely and if this marked increase is omitted the reduction becomes correspondingly greater.

MORBIDITY.

The dispensary attendance in the Inland areas for the year 1944 is taken for consideration. The total number of out-patients that attended the dispensaries during 1944 is 12.65

12.65 lakhs. Grouping the out-patients into two, those that suffered from preventable diseases, and those that suffered from non-preventable diseases, the first one had 8.75 lakhs belonging to the preventable group of diseases and 3.90 to the non-preventable group of diseases, that is, 69.1 per cent of the total attendance belong to the preventable group. Of this preventable group of diseases, 61 per cent were those that suffered from malaria. Pneumonia accounts for four times the incidence in the malnads than in the maidan.

It is wellknown that the splenic index of the areas varies anywhere from 50 to 100 per cent. Special surveys have also established that there is a high degree of hookworm infestation practically in the whole of the malnad population.

MORTALITY.

The figures for the year 1944 are again taken for consideration. Of the total number of deaths that have taken place during the year 1944, malaria, typroid, other fevers, dysentery and diarrhoea, respiratory diseases, consumption and the epidemic diseases plague, small-pox and cholera have contributed to the extent of 84.0 per cent of the total deaths in the area. The percentage of deaths due to each of these seven causes is as follows:-

Malaria	50.3	of the total deaths
Other fevers ..	10.2	"
Diarrhoea and Dysentery	5.6	"
Typhoid ..	8.8	"
Respiratory diseases	3.6	"2.6
Consumption ..	1.8	"
Plague ..	2.5	"
Small-pox ..	3.6	"
Cholera ..	0.6	"

It may be seen even here that malaria is the largest single cause of deaths claiming just over 50 per cent of the total.

With the information that is now available regarding the causes for the reduction of the population, the causes of deaths, the causes that make the people suffer long periods of illness with all the untold suffering, loss of working days, loss of labour efficiency leading to low standard of living etc., it is possible

for us to formulate measures to tackle in a scientific way the problems of the Malnad.

It has been mentioned above that there are two major conditions which both directly and indirectly have been the root cause of the depopulation of the area. They are (1) Malaria and (ii) intestinal worms of which hookworm is the most important. These two conditions are responsible for the lowered vitality and the anaemia. Where they do not kill directly, many of the deaths are due to causes secondary to these. Even small ailments which in the healthy and strong go unnoticed, take on serious proportions in people weakened by these and often run a fatal course. Pneumonia and fatal diarrhoea are very often terminal causes among the de-vitalised. If, therefore, the malnad conditions have to be improved efforts should be directed immediately towards the control of malaria, and worms which are the primary causes of ill-health and towards the improvement of the general condition of the people afterwards. Until reinfection is prevented no amount of drugging will improve the anaemic condition of the patients and until the anaemic condition is improved the general health will never be satisfactory and the trends in the mortality, morbidity and death-rate curves will never show any improvement.

It is a fallacy to think that by merely increasing the medical relief measures we will achieve all the results that are desired. It is invariably the case whether in the maidan or in the malnad that 90 per cent or over of the attendance at any dispensary is from the locality in which it is situated. Many of the remaining 10 per cent are from villages within a radius of a mile or a mile and a half from the dispensary and an exceedingly small percentage from distances very much beyond. Further, a large number of the out-patients that are treated in the dispensary do not turn up to the doctor in person because they are ill. They are represented by somebody from home and the doctor has to depend upon the symptoms as given out by the parties to make a diagnosis.

Knowing how difficult it very often is to make a correct diagnosis even after examining, it is easy to see that out-patient diagnosis are likely to be of doubtful accuracy.

DIFFICULTIES IN VISITING THE PATIENT.

The ryot in the villages is either too poor or ignorant to have the services of a doctor at his place every time such services are required and it is still a very long way before we can expect him to do so. Therefore, if results have to be achieved rapidly, the present policy must be to think of means by which it would be possible for everyone, poor or rich, whether he is in a place where there is a dispensary or not, to obtain medical and other aids as far as possible at his very doors. In otherwords, the workers will have to go to the villages as frequently as possible and distribute medicine, knowledge or whatever else it may be that the people need into their own houses.

RESULTS ASKED ANALYSED.

Analysis of the existing health conditions in the mainad shows that the death-rate is very much higher and the birth-rate very much lower than in the maidan areas. The number of deaths among infants is exceedingly high and the number of deaths among mothers during child-birth is also very high. In order to show an improved state of affairs it will be necessary to show a decrease in the death-rates and an increase in the birth-rates.

If this is to be accomplished, it is necessary to analyse the causes that are responsible for the largest number of deaths and the age groups which suffer greatest and then select those conditions and age groups that are amenable easiest to scientific treatment.

When the deaths are further analysed, it will be seen that the group that contributes the largest mortality is

infants and mothers that die during delivery. Further, among the infants the majority of the deaths takes place before they are a month old and even here the largest number die within the first 10 days after birth. If the infant mortality has to be reduced these neo-natal deaths will have to be reduced. The causes that are responsible for these are traceable not to any specific disease which they develop after birth, but the conditions in the mother which affect their growth in their intra-uterine life. An anaemic, undernourished mother cannot possibly be expected to give birth to a healthy baby and children born of such mothers naturally cannot stand the vicissitudes to which they will be exposed immediately they are born into this World. In order to control this infant-mortality utmost attention will have to be given to the life of the child during its intra-uterine life or in other words, the mother will have to be looked after carefully during pregnancy. This care incidentally reduces the maternal mortality also because, their death, is most often due to their anaemic and enfeebled condition which makes them unequal to stand the strain of delivery. The anaemic condition of the mothers cannot be cured by drugging at the last moment. The cause or causes that are responsible for the anaemia must be first looked into and remedied and their recurrence prevented. In the Malnad these conditions are malaria and intestinal worms (largely hookworms) and these will have to be first of all removed from the system by means of drugs. After doing this, the vitality of the mother will have to be built up through tonics and through nourishing foods. It is only by adopting such a procedure that satisfactory results can be achieved.

ORGANISATION PROPOSED (Short Range Policy)

The improvement of Public Health status of Malnad requires an efficient Public Health Organisation on the most modern lines with necessary machinery to give special

attention for the control of the specific conditions that are responsible for the present position. The problem of improving general health conditions of the malnad should be tackled as a whole and not by attending separately to individual causes which contribute to the illhealth of the people. The desired result can only be achieved if the problem is considered as a general public health problem including medical relief giving special attention to malaria, maternity and child welfare, helminthic infection etc. Malaria control activities cannot be separated from general health work and when the latter is neglected or not provided for in the scheme the measures taken to prevent and control malaria will not be productive of maximum results. Maternity and child welfare services cannot also be separated from general health work if maximum result is aimed at.

The organisations that have been working in the irrigated tracts of the State have given immense relief and improved the general health conditions of the people and similar organisation with modifications to suit the local conditions of the malnad are bound to give satisfactory results. The Health Services proposed for malnad area in the Postwar five year Development Plan consist of combined and co-ordinated peripheral organisations distributed throughout the rural parts and within the easy reach of the all people. These organisations will give facilities not only for the maintenance of health and prevention of disease but for medical relief as well.

The staff that is necessary for a primary or peripheral organisation designed to carry on the above mentioned activities are an adequate number of Sanitary Inspectors, Midwives, Public Health Nurses, Compounders and dispensary servants, fieldmen and malatries under the control of Medical Officers specially trained for this type of work. Looking at the type of work that the staff have to do, it is needless to say that it is not possible to give them an unduly very large population in this difficult country. It has been

been found by experience that villages situated not more than two or three miles radius from the village where the dispensary is situated should be selected for grouping. The population of such a group has been found to average 6,000 (varying anywhere between a minimum of 3,000 and a maximum of 8,000). Such a group will require two Sanitary Inspectors, two Midwives, one Public Health Nurse (when she becomes available), the usual dispensary staff and the fieldmen and servants required for spraying and other work that are to be undertaken in the villages. Each dispensary should be provided with a four bed ward, two for general cases and two for maternity cases. This means the formation of a Health Unit for and as far as one can see the formation of Health Units is the only satisfactory solution for solving this problem for now and for the future. As a Unit of this kind reaches the people of the remotest corner it is termed a primary or peripheral Unit.

To control, guide and direct the work of a number of such Units (which collectively would make a Sub Division), a Secondary (or Sub Division) Unit has now necessary. One of the centrally situated primary centres, in a group of 6 (for inland areas) will be selected for such a Secondary Centre. This office (which is distinct from the primary centre of a Sub Division headquarter place) will be in charge of a Medical Graduate with suitable training and of the status of a Second Class Health Officer but immediately a Probationer. There will also be a Lady Doctor attached to the Secondary Centre. In all, at this Secondary centre there will therefore be three Medical Officers, viz., one Directing senior officer, one Lady Doctor and the Medical Officer attached to the Primary Centre. To this centre will be attached a Maternity Ward of 10 beds and a general ward of 10 beds of which five will be for men and five for women patients.

The District Health Officer will be in charge of all such Organisations in the District and he will have in his headquarter office a Malaria Assistant, an Entomologist, a Public Health Nurse, a Public Health Engineer, a Lady Doctor and a certain number of relieving Sanitary Inspectors who will be available to fill the leave vacancies. It is easy to see that an Organisation of this sort makes medical and public health aid available to all income groups, at State expense, at their doors. The dispensary works as an itinerant dispensary also.

Three Sub clinics will be established within the peripheral Unit area. In addition , as the doctor will be passing through the villages frequently, he will be enabled to give medical aid when he visits the villages.

This would avoid the necessity for the formation of mobile units which are intended to give medical relief periodically to the people of interior villages but which cannot be very useful because the medical aid given by such units at intervals of a few weeks cannot be useful to people in the long run so that the money spent on them would not be justifiable. People should have the confidence of getting medical relief and advice at all times and should not be kept in a position to wait for the arrival of the Mobile Unit.

For the proper working of the whole Organisation, it is suggested that one Senior Officer of the Public Health Department of suitable status and pay be posted to supervise all the Public Health activities and the progress made in the three Malnad Districts.

II. ACTIVITIES.

The activities necessary for achieving the results could therefore be classified under the following inputs, i.e.:-

1. Malaria control
2. Control of helminthic infection
3. Improvement of sanitation
4. Maternity and Child Welfare activity
5. Pre-school and school health work
6. Education
7. Control of Epidemics
8. Treatment of diseases

The staff necessary would be:-

1. Medical Officers of Health
2. Sanitary Inspectors
3. Midwives and Public Health Nurses
4. Compounders.

1. MALARIA CONTROL.

Malaria is hyper-endemic in Malwa and there are very few in the area who are free from this disease. Recent researches have shown that this disease is preventable on a mass scale at reasonable expense and it is extremely necessary that this activity is given primary importance and undertaken extensively in the malwa. No one procedure can be specified but the different methods that are available for the control of the disease have to be selected and combined to suit the requirements of individual villages after an actual survey.

Along with this, treatment should be carried on to cure the acute condition and to build up the resistance of the individual. This should be accomplished by the distribution of drugs, if necessary, on a mass scale to begin with and by disseminating knowledge of the diseases, their treatment, their prevention etc., into the people. As has already been stated, it is difficult to expect the people themselves to go to central places where the staff are available, for getting the information and treatment. It is therefore necessary at the present time that the staff go to the villages to do this work for them.

In order to control malaria immediately, in this area spraying with D.D.T. would be undertaken in these villages as a most promising measure for effective prevention and transmission of infection. This will result in the number of acute cases getting fever and the problem so reduces itself to treating the chronic cases. This could then be done

done effectively by means of drugs. As malaria is seasonal in the Malnad, D.D.T.spraying will have to be done only for a few months during the transmission season thus reducing the cost of the scheme.

2. As regards hookworm infestation which is at present about 90 to 100 per cent, mass treatment of the people in such cases will be taken during certain definite seasons of the year.

3. IMPROVEMENT OF SANITATION TO VILLAGES

These include improvement of sanitation of the buildings and villages, introduction of latrines, improvement of water supply etc.

4. MATERNITY AND CHILD WELFARE

The activities under this head are (1) care of mother during pregnancy, (2) during child birth and after child-birth (3) care of the infant until its pre-school stage.

5. THE CARE OF PRE-SCHOOL AND SCHOOL CHILDREN

The activities include periodical medical examination and follow up of defects and inculcation of health habits.

6. EDUCATION.

The activities under this head are Lectures, Cinema shows, posters, leaflets, exhibitions, radio talks etc., touring on Health subjects.

7. CONTROL OF INFECTION. Chief among the activities under this head are preventive inoculations, chlorination of water supply, cyanogasing of houses etc.

8. TREATMENT OF DISEASES - Dispensary work and treatment at clinics.

Research Stations: In addition to theestablishment of Primary and Secondary Health Units, there is a great need for the establishment of the well equipped research station in the midst of the Malnads. A proposal for starting such a station at Sakleshpur in the Hassan District will be submitted to Government shortly, separately.

ALLOCATION OF ACTIVITIES: THE MEDICAL OFFICER OF HEALTH

To be in charge of the dispensary and clinics and to direct all the activities of the staff working within his area, to give periodical visits to the villages to acquaint himself with the exact local conditions, to check the work of the staff on the field, propaganda etc.

THE SANITARY INSPECTOR: To assist in surveys, to collect vital statistics and to report occurrence of epidemic diseases to the Medical Officer of Health, to take measures to prevent spread of epidemics, to improve the sanitation of buildings and villages, to chlorinate water supplies, to assist in the control of specific diseases like malaria, hookworm etc., to vaccinate and to check work of vaccinators, propaganda etc.

MIDWIVES AND PUBLIC HEALTH NURSES: To register prenatal cases and infants in their jurisdiction, to give periodical visits to term, to conduct labour; to give post partum visits to bring abnormal cases to the notice of the Nurse and Doctor; to assist in conducting clinics, propaganda etc.

COMPOUNDER: To assist the Medical Officer of Health in conducting the dispensary and clinics.

In submitting these proposals to the Committee, I may mention that some of the chief points that have to be considered are:-

1. To make arrangements for employing trained personnel as required by the planned programme. This means starting of training classes for Midwives, Sanitary Inspectors, Compounders Public Health Nurses, and doctors recruited from Malnad areas, as far as possible, if not from other places, giving free studentships and scholarships to attract them so that the programme may be carried on without interruption.

2. To provide quarters for the entire establishment just as in the case of Electrical Department who provide necessary houses for their staff along with the stations as they are

are started, as one of the difficulties that has been seriously felt in the Malnads is want of living accommodation for the staff. As the work is taken up, provision should be made.

3. To give facilities like free diagnosis, treatment and create a protected zone in the village where these centres are located etc., to the staff to enable them to maintain themselves and their families in a healthy condition as the area in which they serve is ~~exact~~ particularly unhealthy.

4. Finally as conditions are, people hesitate to go to Malnads and when they are posted they find some means or other to escape going there. To prevent this tendency by making Malnad service more attractive by giving the staff special allowances as has been done in Jog.

THE LONG RANGE POLICY.

The location of houses in the Malnad villages is usually very close to cultivated fields and very often in the midst of swamps or near hill streams, feeder channels for paddy fields or drainage channels. The incidence of hookworm is also high in these places on account of the marshy nature and the indiscriminate fouling of the soil both of which are favourable for the spread of this disease. Though the general features are common there are bound to be minor but very important deviations from place to place so that the methods to be adopted for each will have to be modified suitably. For specifying the methods a detailed study of every village will have to be taken up individually. It is therefore recommended that a small Fact Finding Committee consisting of a Health Officer, an Engineer and a Revenue Officer is constituted to collect facts and to recommend the measures to be adopted. To help the District Health Officer, a staff consisting of a Junior Malariologist, a Sanitary Inspector and an Overseer will have to be attached to this Committee. One such Organisation should be provided separately for each District.

The reports of the Fact Finding Committee will have to be submitted to a higher committee consisting of the Malariologist in the Department of Public Health, the District Health Officer and the Deputy Commissioner of the District which will approve the schemes and submit them for sanction to the authority which would probably be a Central Malnad Improvement Committee constituted by Government.

For the proper working of the whole organisation, it is suggested that one Senior Officer of the Public Health Department with suitable status and pay be posted to supervise the progress of the work in the three Malnad Districts.

Nutrition:- No Public Health work would be complete especially in the area like the Malnad where ill-health and malnutrition are extremely prevalent unless the subject of Nutrition is given the attention that is due to it. Along with the removal of rank vegetation round the village, production of protective food in the areas cleared suggests itself, as, by doing so, not only are useful crops cultivated but the possibility of revival of jungle growth is prevented. Increasing the production of milk is another important problem which will have to be considered in regard to rehabilitation of the Malnad.

Pisci-culture:- Fish culture in all the small tanks is another useful method of supplementing the food supply of the region, so that those who are accustomed to such food may obtain it easily. At present the supplies of fish are obtained in the shape of dry fish imported from the West coast and this is used more as an appetiser than as article of food.

One of the points on which the present day nutrition specialists are laying stress is the lime content of the natural food. In England and other places they are now reinforcing wheat flour with chalk in order to supplement this element. Agriculture and Public Health Departments have to work in collaboration to see if the food that the people in the malnad are using is well balanced. No doubt our people have been all along in the habit of taking chunam with betel leaves, but

but to what extent this is being utilised by the body will have to be studied.

IMPORTATION OF EMIGRANT LABOUR: Attempts were made as an experimental measure as early as 1917 to bring in outside labour into the Malnads for increasing the population. Two colonies were established, as a result, in Sagar Taluk. The first set of people were brought from the maidan areas of Travancore and were about 150 in all. They were given all financial and material facilities by Government. The forest was cleared, a well was given and huts were constructed for them and each family was given about 8 acres of land and money for the purchase of cattle and agricultural implements. But the end of the scheme came about rapidly and tragically in about 16 or 20 months. Malaria swept them out and in the end only about 10 were left in a miserable condition, living between life and death, to tell the sad story. Another attempt was made and a second set of labour was brought in from Nagercoil. Very soon after coming they all developed malaria but these lost no time in hurrying out of the place back to their native homes.

As is wellknown in areas which have been for a long time hyperendemic for malaria the native population develop a certain amount of immunity which makes them live a kind of a subnormal existence without ever being free from disease. When a non-immune population however, is introduced into such hyper-endemic areas, the store houses of parasites in the local population and the mosquitoes do not allow them to continue to live healthily for any length of time. They very soon become subject to violent and virulent attacks of malaria and die out in a couple of years. Under these circumstances, the importation of non-immune healthy labour from maidan parts into the malnad area cannot be recommended unless and until all necessary precautions are taken to create and to maintain a protective zone around the colonies. This is not practicable for small populations of 100 or 200, but it is quite possible for reasonably big (populations of 2,000 or

or 3,000) industrial or agricultural colonies.

In addition to the rural population living in Malnad area there is a large section of labour population drawn from different maidan parts of the Mysore State as also outside the State from places such as South Canara or North Canara. This labour is used largely on Coffee, Tea, Arecanut or Cardamom estates and partly employed as Agricultural labourer. The total number working in these estates forms a substantial number of this imported labour. As the owners of the Estates and big Land Owners recognise the importance of the health of labour they usually provide a certain amount of money in their budget for the protection andmaintenance of their health.

But on the whole, the environmental conditions under which these labourers live, have not been such as to ensure health.

The following are generally observed, pre-disposing to adverse health conditions.

1. The sites where the labour colonies are constructed have not been properly selected so much so the people who live in them are vulnerable to malaria.

2. The sites are usually close to the bottom of the valley which encourages transmission of Hookworm infection and its maintenance.

3. The intestinal group of diseases are also quite common as water supply is not a safe one.

4. The conditions of houses themselves are not satisfactory in several cases being unfit for human habitation.

In some of the Estates conditions are similar to the conditions existing in villages. In the case of most Estates the site is usually selected and colonies are constructed with reference to easy availability of water for drinking purposes.

If any improvements are now to be effected it has to be with the goodwill and generosity of the owners of Estates.

To improve the conditions of the imported working class with special references to the labour in Estates the following improvements are necessary.

1. Suitable sites have to be selected wherever necessary, for the construction of houses.

2. Sanitary houses with sufficient ventilation, light and of the type that can be kept free from dust and pests. These houses need not necessarily be costly but built with minimum sanitary requirements.

3. For the prevention of soil pollution and indiscriminate fouling each house is to be provided with sanitary latrines.

4. Drinking water wells are to be provided for each colony within walking distance of the colony.

5. Regular inspection of the living conditions of the labourers on the Estates from time to time should be made obligatory.

The above points may be arranged to be given effect to either by rules framed by Government or legislation if necessary.

In the earlier part of this note, recommendations have been made for the formation of Health Units with malaria and hookworm control as special measures for this area. So far, Government have sanctioned 89 Health Units in this area of which 11 have been sanctioned recently but work has not yet been started. In the formation of Health Units, 82 dispensaries have been included in Health Units. The Department is submitting proposals to Government for taking up spraying of D.D. T. as a good stock of D. D.T. has been received. It is expected work will be started soon after the rains stop.

Director of Public Health.

PROCEEDINGS OF THE SEVENTH MEETING OF THE COMMITTEE FOR PUBLIC HEALTH HELD IN THE LEGISLATIVE COUNCIL HALL, BANGALORE, ON WEDNESDAY THE 6th NOVEMBER 1946.

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Present.

Sastravaidyapravina Dr. S. Subba Rao, B.A., M.R.C.M., L.R.C.P., M.R.C.S., and D.P.H. (Chairman)

1. The Senior Surgeon in Mysore.
2. The Chief Medical Officer, Women's Hospitals.
3. The Director of Public Health.
4. The Commissioner of Economic Development & Planning in charge.
5. Mr. C.N. Narasinga Rao, B.A., B.L.
6. Mr. W.H. Theobald.

Mr. M. Rama Rao, B.A., (Secretary)

Absent.

1. Mrs. Rathnamma Issac, L.M.S., M.R.C.S., L.R.C.P.
2. Dharmaprakasha Mr. K. Kuppuswami Naidu.
3. Mr. K.V. Veeranna.
4. Mr. A.J. Khaleel, B.A., B.L.
5. Mr. S.C. Malliah.
6. Mr. K.C. Subbanna.
7. Mrs. Lakshmidevamma, B.Sc.

The Chairman said that the first item on the agenda was the confirmation of the proceedings of the last meeting and that as copies of the same had already been sent to all the members and no alteration suggested by any of them it might be confirmed.

The members agreed and the proceedings of the last meeting were confirmed.

2. Reading and recording letters from Government regarding certain shhemes of development recommended by the Committee.

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The Chairman then said that some replies were received from the Government and they would be read out to the Committee.

The following letters were read and recorded.

1) Memo No. C.C. 230-9-10 dated 15/18th June 1946 from the Commissioner of Economic Development and Planning forwarding a copy of letter addressed to him by the Secretary to Government, Education Department stating that the scheme for converting the McCann Hospital

Hoskan Hospital into general hospital may lie over.

2) Memo No. M.C. 433-34\46-47 dated 2nd September 1946 from the Commissioner of Economic Development and Planning forwarding letter No. M. 2175\Med. dated the 28th August 1946 from the Secretary to Government of Mysore, Education Department, Bangalore to the Senior Surgeon in Mysore, Bangalore stating that post-war development scheme No. 6 regarding the establishment of a General Hospital at Hallewaram extension, Bangalore may be taken up later on as last priority.

3) Memo No. M.C. 433-56\46-47 dated 2nd September 1946 from the Commissioner of Economic Development and Planning forwarding letter No. M. 2166\Med. 194-45-3 dated the 28th August 1946 from the Secretary to Government, Education Department, Bangalore stating that post-war development scheme No. 13 regarding Effecting improvements to the Krishnarajendra Hospital, Mysore may lie over until the final location of the Medical College is settled

The Chairman then informed the Committee that as regards the suggestion made by the Director of Public Health that village panchayats should be asked to meet a portion of the expenditure on Health Units, the Revenue Commissioner was also of opinion that the Village Panchayats were generally incapable of making any contribution on account of their slender resources and they should not therefore be burdened with any commitments for this purpose.

3. Recommendations of the Mysore Development Committee relating to the Field of activities under Medical and Public Health

The Chairman stated that on a comparison of the recommendations of this committee with those made by the Mysore Development Committee it is seen that all the "General" schemes suggested by the Mysore Development Committee in respect of Medical and Public Health departments are exactly the same as those already discussed and adopted by this committee.

The First recommendation under Medical "General" made by the Mysore Development Committee related to the conversion of District hospitals at Shimoga, Chickmagalur and Hassan into General [illegible] Shimoga being taken first. The Chairman said that [illegible] made

made a similar proposal, but the Government replied that this question might lie over.

Mr. Theobald observed that they might once again stress that McGann Hospital might be taken up first whenever the Government take up this proposal.

The Senior Surgeon also brought to notice that there was considerable agitation by the Public of Shimoga in this behalf.

After some discussion the Committee adopted the following resolution unanimously:-

> "Considering the fact that Malnad Development Committee also agrees with our recommendation, the Committee consider that the scheme of converting Shimoga Hospital into a General Hospital should be taken up immediately as there is urgent necessity for the same."

The second recommendation relating to mobile dispensaries was similar to the proposal made by this committee which included mobile dispensaries for maidan also.

Similarly the recommendations regarding the opening of 100 new dispensaries in rural areas, provision of in-patient wards to Local Fund Dispensaries and equipping and starting of Col. Crawford Hospital at Sakleshpur, the Chairman observed that they had already been accepted by this committee and resolutions forwarded to Government for orders.

Under "Special Items" the Malnad Development Committee had recommended for a hospital of 40 beds to be established at Thirthahalli The Chairman suggested that they might approve of this scheme.

The Committee agreed to the proposal of starting a hospital of 40 beds at Thirthahalli.

As regards facilities and amenities to be granted to the staff working in the Malnad, the Committee agreed that so far as question of providing suitable quarters for the Sub-Assistant Surgeons. Compounders and midwives was concerned there were no two opinions about the matter.

With regard to the Special Malnad Allowance and the increase of daily allowance, to Sub-Assistant Surgeons, midwives and Compounders the Senior Surgeon explained the reasons for recommending the granting of such allowance. He said that as there would be no facilities for the Education of the children of the staff in a large

large number of places, they would be forced to send their children to some other place and by way of encouragement and inducement, a special malnad allowance of Rs. 30/- to Sub-Assistant Surgeons and Rs. 10/- and Rs. 5/- to midwives and compounders respectively was quite necessary

The Director of Public Health stated that the allowance of Rs. 10/- to midwives was too small

After some discussion, the Committee agreed to the recommendations of the Malnad Development Committee which was as follows:—

(1) Rs. 30/- for all Sub-Asst. Surgeons.

(2) Rs. 10/- to midwives and Rs. 5/- to compounders.

(3) Cycle allowance of Rs. 10/- P.M. to Sub.Asst.Surgeons:

(4) Increased rates of daily allowance by 50 per cent.

As regards the suggestion of the Malnad Development Committee, namely, that in respect of new dispensaries to be opened in the malnad, contribution from local bodies should not be required, it was observed that there were certain dispensaries known as Malnad improvement dispensaries, which were maintained entirely by the Government with a view to improve the malnad, but there are other dispensaries for which the district boards are contributing.

The Senior Surgeon suggested that the general principle should be that the local bodies should contribute to all such dispensaries but in rare cases they might be exempted.

It was then resolved that in exceptional circumstances the local bodies may be exempted from contributing to new dispensaries to be opened in malnad.

The suggestion of having increased supply of mobile vans attached to malnad hospitals was accepted with the observation that this should depend upon the demand.

With regard to the opening of in-patient wards in all malnad improvement dispensaries, the Senior Surgeon suggested that the Committee might agree to that proposal wherever and whenever it was necessary.

This was agreed to by the Committee.

The Chairman pointed out to the Committee that the following schemes recommended by the Malnad Development Committee under Medical-

Medical- Women's Section, were already considered and approved by this committee on previous occasions;

1. Appointment of a woman doctor to each taluk.
2. Appointment of a midwife for each hobli and for each big village;
3. Ward or six beds for women with a labour ward in each Taluk Headquarter;
4. Housing of lady Sub-Asst. Surgeons in district Headquarters.

With regard to the special recommendations in connection with the training of 10 midwives in each district and providing them with free accommodation, free boarding and pocket money of Rs. 5/- per mensem each, during the period of training, the Chief Medical Officer, Women's Hospitals, stated that as these midwives to be trained came from interior villages, there would be no suitable place for them to stay and it was also necessary to make some arrangement for their boarding and lodging.

The Senior Surgeon was of opinion that it was necessary to give the trainees free accommodation, but free boarding was rather an awakward responsibility looking at the conditions in various districts. Perhaps it would be better to increase the pocket money to Rs. 15/- and give them only free accommodation.

The Chief Medical Officer, Women's Hospitals said that instead of having one main dormatory, they would have to provide them with separate kitchens for every trainee if this suggestion of Senior Surgeon was approved.

The Chairman was also of the opinion that in Bangalore and Mysore, there would be no difficulty in arranging for free boarding and lodging for trainees since the question of community would not arise. But in district headquarters those women who ate food prepared by other caste people would get into trouble with their own respective communities. There might be some trainees who might also be prepared to make their own arrangements both with regard to boarding and lodging. He therefore suggested that the trainees may be given free boarding or Rs. 15/- p.m. plus free accommodation or Rs. 5/- p.m. in lieu thereof.

The suggestion was accepted unanimously.

In regard to the recommendation that in respect of new midwives

In regard to the recommendation that, in respect of new midwives to be employed, contribution from local bodies should not be required, the Senior Surgeon stated that it could not be accepted as they could not make such an invidious distinction. However, in exceptional circumstances this exemption might be given

After some discussion the Committee resolved that contribution by local bodies should be required to be made, except in exceptional circumstances.

PUBLIC HEALTH.

The Chairman pointed out that with regard to Health Unit organisation in Malnad, while disagreeing with the suggestions of the Director of Public Health, the Malnad Development Board had suggested that a workable alternative would be secured under the full time Chairman of the Malnad Development Board who should have the assistance of Senior Officers of the three branches, stationed in the malnad guiding the respective staffs and working as a single integrating Sub-Committee of the Board. He also pointed out that this committee had also decided that there should be a central co-ordinating authority to correlate and co-ordinate the activities of Medical, Health, Maternity and Child welfare services with the following deputies:-

(i) Deputy Director for Medical Service.

(ii) Deputy Director for Public Health, including Sanitary Engineering and Town Planning.

(iii) Deputy Director for Maternity and Child welfare including women's hospitals.

(iv) Deputy Director of Laboratories and that the controlling authority should be designated as Director of Medical and Public Health services.

The Director of Public Health pointed out that the Malnad Development Committee had suggested for the purpose of co-ordinating the work in the malnad area, that a public Health Sub-Committee might be formed consisting of Senior officers of the three departments stationed there and the Chairman of the Development scheme should be the Chairman of that Sub- Committee also and that the Chairman should bring about co-ordination between the three officers. He said that he differed from the view of the committee particularly with regard to the last sentence namely, "Senior officers of the three branches stationed in the malnad guiding the respective staffs and working as a single integrating

integrating Sub-Committee of the Board". He was of opinion that there would not be unified work, if each departmental head were to guide his own staff, and that it was therefore necessary that there should be one man to guide and control the entire staff with the help of these three senior assistants, since the Chairman of the Development Board would be a non-technical man. He also said that he had already sent a note to Government in this matter.

The Chairman suggested that on general principles they might agree with the proposals of the Malnad ~~Improvement~~ Development Committee, the details being left to Government, since the recommendation of the Malnad Development Committee in this respect tallied to a certain extent with our own proposals. He added that they were agreed that there should be some co-ordination and they might leave the details as to methods of such co-ordination to Government themselves. He personally felt that there should be a special officer for Malaria and another special officer for hookworm to go all over the State with a view to organise the necessary measures of control so that these two diseases might be eradicated.

The Director of Public Health opined that it was impossible for one man sitting at the centre to carry out the work and his idea was decentralisation so that they might have a technical officer to guide the several workers in the field under the general scheme. This was very necessary, just because in nine out of ten occasions the Chairman of the Development Board would be a non-medical man and there would be a lot of trouble in the direction of co-ordinating the work. As was suggested in the main scheme of public health, it was very necessary to have a technical officer at the top and three assistants of the three departments to help them.

The Senior Surgeon explained what took place in the Malnad Development Committee and suggested that instead of spending more time over the question they might say that the Director of Public Health maintained the opinion that he expressed in the Malnad Development Committee in regard to the question of appointing a separate technical officer.

Thereupon the following resolution was adopted.

"The Committee is in general agreement with the recommendations of the

of the Malnad Development Committee. But the Director of Public Health maintains the view he expressed before the Malnad Development Committee."

The Committee also agreed to the recommendations of the Malnad Development Committee with regard to the following:-

1) Intensive research by Senior nutrition experts into diets of poor and lower middle class for ascertaining deficiencies in diet and framing balanced diet etc.

2) Continuous research into nutritive value of local agricultural and forest prpducts with a view to fortifying deficient items by selective plant or animal breeding;

3) Establishment of demonstration kitchens with standard menus of balanced diet and with information of its cost.

4. Town Improvement Plans, Bangalore City.

Some members expressed a doubt as to how these schemes could be considered by this committee.

Mr. C.N. Narasinga Rao suggested that they might adopt a resolution to the effect that though the committee considered that it did not strictly come within the purview of any postwar development, but still, having perused the schemes, they considered that the schemes were absolutely desirable and urgently necessary.

After some discussion the following resolution was passed unanimously:

"The Committee is of opinion that although the schemes do not strictly come within the purview of this committee, it considers that these are commendable, desirable and urgently necessary."

The meeting then terminated.

Sd/- M. Rama Rao,
Secretary.

Sd/- S. Subba Rao,
Chairman.

"COPY"

M. Rama Rao
Secretary.

MEDICAL (GENERAL)

1. Conversion of the District Hospitals at Shimoga, Hassan and Chickmagalur into General Hospitals, Shimoga being taken first.

The following resolutions were passed. Development
"Considering the fact that Malnad ~~Improvement~~ Committee also agrees with our recommendation, the Committee considers that the scheme of converting Shimoga Hospital into a General Hospital should be taken up immediately as ~~the~~ there is urgent neces ity for the same."

2. Mobile Dispensaries - One in each of the Malnad districts.

3. Opening of new dispensaries in rural areas 100 at the rate of 20 each year in the Malnad and in unhealthy tracts of Maidan.

4. Provision of in-patient wards in Local Fund Dispensaries.

5. Equipping and starting Col. Crewford Hospital at Saklespur.

These proposals had already been examined and approved by this committee and resolutions forwarded to Government for orders.

SPECIAL.- 1. A hospital of 40 beds may be established at Tirthahalli.

2. The following facilities and amenities may be granted to the staff working in the Malnad.

(a) Suitable quarters should be provided for the Sub-Asst. Surgeons, Compounders and midwives.

(b) Special Malnad allowances should be granted as follows.
(i) Rs. 30/- for all Sub-Asst. Surgeons.
(ii) Rs. 10/- to midwives and Rs. 5/- to compounders.
(iii) Cycle allowance of Rs. 10/- p.m. to Sub. Asst. Surgeons.
(iv) Increased rates of Daily Allowance by 50 per cent.

Accepted.

3. In respect of new dispensaries to be opened in the Malnad contribution from local bodies should not be required.

The committee was of opinion that in exceptional circumstances, ~~exemptions~~ grants required by the district boards from contributing to new dispensaries to be opened in Malnad might be given.

4. There should be an increased supply of mobile vans attached to malnad hospitals.

Principle is accepted depending upon the demand.

5. In-patient wards should be opened in all malnad improvement dispensaries.

May be opened wherever it is necessary.

Secretary.

P.T.O

MEDICAL (WOMEN'S SECTION)

1. Appointment of a woman doctor to each taluk.

   Three malnad taluks in Hassan;
   Five taluks in Shimoga;
   One taluk in Kadur.

2. Appointment of a midwife for each hobli and for each big village.

Alur	2	Shimoga	1
Belur.	2	Shikarpur.	3
Chikmagalur.	6	Sorab.	2
Tarikere.	1	Sagar.	4
Koppa.	2	Nagar.	3
Mudigere.	1	Thirthahalli.	2
Sringeri.	1		

3. Ward of six beds for women with a labour ward in each Taluk Headquarter.

4. Housing of lady Sub-Assistant Surgeons in district headquarters.

These schemes have already been accepted by this committee.

SPECIAL. 1. Ten midwives to be trained in each district the trainees being provided with free accommodation during the period of training as also free boarding and pocket money of Rs. 5/- P.M. each.

Resolved that the trainees may be given free boarding or Rs. 15/- in lieu and free accommodation or Rs. 5/- P.M. in lieu.

2. In respect of new midwives to be employed, contribution from local bodies should be required.

Resolved that contributions by local bodies should be required to be made except in special circumstances.

P.T.O.

PUBLIC HEALTH.-

Health Unit Organisation.-

SPECIAL. For the success of the Malnad development plan this committee considers that, as advocated by the Sir Joseph Shore Committee on Health Survey and Development, "the Doctor should be a 'social physician protecting the people and guiding them to a healthier and, happier' life' and should place prevention of disease in the forefron of his programme and should so combine remedial and preventive measures as to confer the maximum benefit on the community", that the doctors in the primary units should combine curative and preventive health ~~work~~ duties that the medical and preventive health work should be developed "on a unified basis" so as to "provide an integrated institutional and domiciliary service to the people.

They realise that in the present organisation of departments, the integration has to be on a basis different from that suggested by the Director of Public Health and urge that in the Maln d, a workable alternative will be secured under the full time Chairman of the Malnad Development Board who should have the assistance of Senior officers of the three branches, stationed in the Malnad guiding the respective staffs and working as a single integrating Sub-Committee of the Board.

The Committee is in general agreement with the recommendations of the Malnad Development Committee, except that the Director of Public Health maintains the view that he expressed before the Malnad Development Committee.

2. Intensive research should be carried out by Senior nutrition experts stationed in the Malnad in fully equipped laboratories into the diets of the poor and the lower middle class with a view to ascertaining the vitamin, mineral and other deficiencies and framing balanced diets from local products.

3. Continuous research should be carried out into the nutritive value of local agricultural and forest products in use or now being neglected or wasted, with a view to fortifying the deficient items by selective plant or animal breeding, to utilising to the best advantage all available resources for food and introducing new varieties. For example, ascertainment of the nutritive value of the seeds of Jack fruit so plentiful in the Malnad and its distribution in the shape of meal or milk suitably processed may prove a valuable additional to available supplies and open a new industry.

Suggestion 2 3 & 4

~~1 1 1~~ agreed.

PUBLIC HEALTH.

4. Demonstration kitchens with standard menus of balanced diet and information of its cost should be established in connection with every middle and normal school, and on every occasion of public fair, festival or conference, and facilities granted also to women's organisations and to village panchayats and co-operative societies to run such kitchens for propaganda.

Agreed.

Secretary.

G. R. S. App. F. G. 3.

GENERAL AND REVENUE SECRETARIAT.

(Continuation sheet draft form.)

resolved that Contributions by local bodies should be required to be made except in special circumstances"

M3044/Med

To D16-8-47

The C.H.O.

Malaam,

I am directed to invite reference to the resolution noted in the margin adopted by the Malnad Improvement Committee in respect of the Contributions from local bodies towards the appointment of midwives to be newly entertained in Malnad parts and to request you to be so good as to intimate the financial implications of the proposal.

I have &c

for Ed^r Hay

FS

C. F. No. 45]

GOVERNMENT OF MYSORE

1967

Tele gram / phone

OFFICE OF

THE CHIEF MEDICAL OFFICER,

WOMEN'S HOSPITALS IN MYSORE, BANGALORE.

No. C 495-1

Encls.

Date 30.9.47.

To

The Secretary to the Government of
His Highness the Maharaja of Mysore,
Education Department, Bangalore.

Sir,

With reference to your letter No.M.3044/Med. dated 16th September 1947, inviting my reference to the resolution adopted by the Malnad Improvement Committee in respect of contributions from the local bodies towards the appointment of midwives to be newly entertained in Malnad parts and requesting to intimate the financial implications of the proposal, I have the honour to state that in accordance with Government Order No.G.3411-33/P.H.90-35-12 dated 20/24th November 1936, the pay of the midwives is being generally met by the District Board, Indian Red Cross Society and the concerned Village Panchayet in equal proportion. In case the Village Panchayet is not in a position to pay its quota, the District Board and the Indian Red Cross Society bear the charges in equal proportion. The District Board will have to bear the pensionary contribution and leave allowances of these midwives in addition to their quota of contribution.

In special circumstances, if the above local bodies deny their contribution for the appointment of midwives in Malnad parts, the entire charges towards such appointment, the pay of which is Rs.30-2-50 according to the revision of scales of pay of non-Gazetted Officers recently sanctioned by Government, will have to be met by Government. If any of the local bodies agree to bear a portion towards the pay of such midwives, the balance has to be met by Government.

The average pay of a midwife on Rs.30-2-50 works out to Rs.42-2/9 per month.

I have the honour to be,
Sir,
Your most obedient servant,

CHIEF MEDICAL OFFICER.

Med 159-47-2

PROCEEDINGS OF THE GOVERNMENT OF HIS HIGHNESS THE MAHARAJA OF MYSORE.

Read:-

Letter No. E.C.838/46-47 dated 10/12th December 1946 from the Commissioner of Economic Development and Planning enclosing a copy of the Proceedings of the Committee for Public Health together with the resolutions of that committee on the several recommendations of the Malnad Development Committee in regard to medical and Health matters.

2. Correspondence ending with letter No. C.495-1 dated 30-9-1947 from the Chief Medical Officer, Women's Hospitals in Mysore furnishing her opinion on the resolution adopted by the Malnad Improvement Committee in respect of contributions from the Local Bodies ~~towards the appointment of midwives to be entertained in Malnad parts.~~ "new midwives to be employed and not be required"

ORDER NO. M/14454-77. 19th March 48

BANGALORE DATED ~~NOVEMBER 1947~~

The Committee for Public Health while considering the recommendations of the Malnad Development Committee in regard to medical and health matters, resolved that contributions by local bodies in respect of new midwives to be employed should be required to be made except in special circumstances.

1) The Chief Medical Officer is of opinion that in special circumstances if the District Boards should plead inability to pay the contribution for the appointment of midwives in malnad parts the entire charges should be met by Government.

3) Government are pleased to direct that in cases of proved inability on the part of the local bodies, the whole cost be met by Government

always only the Contribution to be made by the Indian Red Cross Society.

17/11/47

Secy

To The C.H.O.
The S.S.
The Comm. & Sec. Dev. Planning
The Comptr, Mun. Fd.
The Presidents of Dt. Bd
The D.C.S. of Dists.
The DPH
Copy to P.H. Secy
29/11

PROCEEDINGS OF THE GOVERNMENT OF HIS HIGHNESS
THE MAHARAJA OF MYSORE

Read:-

Letter No. E.C.838/47-47 dated 10/12th December 1946, from the Commissioner of Economic Development & Planning in Mysore, Bangalore, enclosing a copy of the proceedings of the Committee for Public Health, together with the resolutions of that Committee on the several recommendations of the Malnad Development Committee in regard to medical health matters.

2. Correspondence ending with letter No. C. 495-1 dated 30th September 1947, from the Chief Medical Officer, Women's Hospitals in Mysore, Bangalore, furnishing her opinion on the resolution adopted by the Malnad Improvement Committee "that in respect of new midwives to be employed, contributions from Local Bodies should not be required."

Order No. M 14454-77/Med 159-47-2 Dated, Bangalore, 19th March 1948.

The Committee for Public Health, while considering the recommendations of the Malnad Development Committee in regard to medical and health matters, resolved that contributions by local bodies in respect of new midwives to be employed should be required to be made except in special circumstances.

2. The Chief Medical Officer is of opinion that, in special circumstances, if the District Boards should plead inability to pay the contribution for the appointment of midwives in Malnad parts, the entire charges should be met by Government.

3. Government are pleased to direct that in cases of proved inability on the part of the local bodies, the whole cost be met by Government taking only the contribution to be made by the Indian Red Cross Society.

for Secretary to Government
Education Department

To

The Chief Medical Officer, Women's Hospitals in Mysore.
The Senior Surgeon in Mysore, Bangalore.
The Commissioner for Economic Development & Planning in Mysore
The Presidents of District Boards.
The Deputy Commissioners of Districts.
The Comptroller to Government, through Financial Department.
The Director of Public Health